

**County:****Name of Facility**  
**Location Street**  
**Location City, State**  
**Administrator****License Number**  
**Mailing Address**  
**Licensee/Owner****Total Number of**  
**Licensed Beds:**

Total Number of Facilities in County:

Total Number of Beds:

---

**Total Number of Facilities in the Eight (8)  
Coastal Counties:**

**Total Number of Beds in the Eight (8)  
Coastal Counties:**